

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FILED WITH FORM PTO-975)

10/018,333 DPT 10/1

SERIAL NO. FILING DATE

APPLICANT(S)

10/018,333 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL
	IND.	DEP.	IND.	DEP.	
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

10/018,333

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